

Claim Status: **Authorized**

<Out-Patient FOB>

Claim Ref: **C0001213157/1**

Provider Name : **Al Dawaa Medical Services Co**
Insurance Co : **Allianz Saudi Fransi Cooperative Insurance Co**
TPA Name : **SAUDI NEXtCARE**
Date of visit : **27-Aug-2019** Plan Type: **Out-Patient**
Patient file No:
Dept:

Allianz Saudi Fransi Cooperative Insurance

Policy: **Civil Works Company Ltd. (CWC)**
Policy #: **MDN/43968**
Member: **. Abdulbari Bilrtali** DOB: **Jan-1967**
Card #: **1C5A-F10F-75E4-A4C2** PIN:
Gender: **Male Single** Iqama #: **2183988316**
Network: **MPN(20%Max75SAR** Class: **Class C1**
)
OCN(20%Max100SA
Ded: **Green Ltd.1** Valid Until:

Diagnosis Description: N23 Unspecified renal colic*

Claim motive: Physical Illness/to be specified under assessment/to be specified under assessment

Chronic No **Emergency** No

BP **Pulse** 0 **Temp** 0 **Resp.Rate** 0 **Onset Date**

Chief Complaint & Main Symptoms

Requested Services

Code	Service Description	Quantity Claimed	Quantity
26-68-82	BUSCOPAN TABLETS 10MG	1.0	1.0
5-318-04	URSOFALK 250MG CAPSULE	2.0	2.0
76-172-92	SUPRAX 400 CAPS	2.0	2.0

Authorization Note

SNC Officer

Date:27-Aug-2019

SNC Comment:	Approved for requested medications as per agreement. Subjected to technical evaluation.	27 Aug 2019, 09:18:36 AM
SNC Comment:	Service approval request for Member # 1C5AF10F75E4A4C2 is under processing for approval.	27 Aug 2019, 08:53:53 AM

Important:

1. SAUDINEXtCARE will only approve medical charges directly and strictly to the case registered above. the final bill shall remain subject to billing rules, and to our auditing doctors' approval.
2. SAUDINEXtCARE hereby clearly reserves the right to decline any claim settlement due to misuse, abuse or tentative of fraud related either to the entry of the aforementioned information or to its trueness.
3. Copy of this Authorization letter should be attached to the claim on time of claim submission for payment .
4. This Form is subject to the terms, conditions and procedures of the contract signed with SAUDINEXtCARE
5. If you have any questions or require further information please contact our Call Center 24 hours a day/7 days a week on tel. +966 920003055 or fax on +966 138988940.